

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	IS01415MCG
	First Inventor:	Harold N. Rosenstock
	Title:	INFINIBAND ARCHITECTURE SUBNET DERIVED DATABASE ELEMENTS
	Express Mail Label No.:	EV314955765US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="30"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="8"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies
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ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) ☐ Power of Attorney
Statement (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ IDS ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
Prior Appl. information:		Examiner: <input type="text"/>	Group/Art Unit: <input type="text"/>

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="text" value="23330"/>	or	<input type="checkbox"/> Correspondence address below
Name	Kevin D. Wills		
Address	Motorola, Inc. - Law Department 3102 North 56 th Street		
City	Phoenix	State	AZ
Country	U.S.A.	Telephone	602-952-4364
Name	Kevin D. Wills	Registration No.	43,993
SIGNATURE	<i>Kevin D. Wills</i>	Date	September 30, 2003

IS01415MCG

FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor	Harold N. Rosenstock
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 912.00)	Attorney Docket No.	IS01415MCG

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	3. 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